

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2023</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 11/30/2023

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan  a DFE (specify) P

**B** This return/report is:  the first return/report  the final return/report

an amended return/report  a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . .

**D** Check box if filing under:  Form 5558  automatic extension  the DFVC program

special extension (enter description)

**E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . .

**Part II Basic Plan Information—enter all requested information**

<p><b>1a</b> Name of plan <u>AMERITAS LIFE INSURANCE CORP. AMERITAS RETIREMENT EQUITY ACCOUNT</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>002</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>AMERITAS LIFE INSURANCE CORP</u></p> <p><u>5900 O STREET</u> <u>LINCOLN, NE 68510</u></p>	<p><b>1c</b> Effective date of plan</p> <hr/> <p><b>2b</b> Employer Identification Number (EIN) <u>47-0098400</u></p> <hr/> <p><b>2c</b> Plan Sponsor's telephone number <u>402-467-1122</u></p> <hr/> <p><b>2d</b> Business code (see instructions)</p>

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

<b>SIGN HERE</b>		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
<b>SIGN HERE</b>		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>	<u>Filed with authorized/valid electronic signature.</u>	<u>09/12/2024</u>	<u>JOHN WEBB</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> <b>6a(2)</b> <b>6b</b> <b>6c</b> <b>6d</b> <span style="float: right;">0</span> <b>6e</b> <b>6f</b> <b>6g(1)</b> <b>6g(2)</b> <b>6h</b>
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b>

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

<b>9a</b> Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

<b>a Pension Schedules</b> (1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information) (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan) (3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>  0  </u> (4) <input type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)
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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....  Yes  No

If "Yes" is checked, complete lines 11b and 11c.

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**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) .....  Yes  No

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**11c** Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

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<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 11/30/2023

<b>A</b> Name of plan <u>AMERITAS LIFE INSURANCE CORP. AMERITAS RETIREMENT EQUITY ACCOUNT</u>	<b>B</b> Three-digit plan number (PN)	<u>002</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>AMERITAS LIFE INSURANCE CORP</u>	<b>D</b> Employer Identification Number (EIN) <u>47-0098400</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	WELCO DIAMOND TOOL CORP PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WELCO DIAMOND TOOL CORP	<b>c</b> EIN-PN 04-2580470-001
<b>a</b>	Plan name	HAWKEYE BROKERAGE CENTER INC CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	HAWKEYE BROKERAGE CENTER INC	<b>c</b> EIN-PN 20-2208642-001
<b>a</b>	Plan name	ONE WORLD BANK 401K PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	ONE WORLD BANK	<b>c</b> EIN-PN 20-2209882-001
<b>a</b>	Plan name	MCMICHAEL AND GRAY PC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MCMICHAEL AND GRAY PC	<b>c</b> EIN-PN 20-8054586-001
<b>a</b>	Plan name	KRELL LIGHTING 401K AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	JUSTDA CORPORATION DBA KRELL LIG	<b>c</b> EIN-PN 22-2145037-001
<b>a</b>	Plan name	CREATIVE DESIGN AND MACHINING INC 401K PLAN	
<b>b</b>	Name of plan sponsor	CREATIVE DESIGN AND MACHINING INC	<b>c</b> EIN-PN 23-2726753-001
<b>a</b>	Plan name	INDIANA PRINTING AND PUBLISHING 401K PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	INDIANA PRINTING AND PUBLISHING CO	<b>c</b> EIN-PN 25-0567290-001
<b>a</b>	Plan name	PUNXSUTAWNEY AREA HOSPITAL INC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PUNXSUTAWNEY AREA HOSPITAL	<b>c</b> EIN-PN 25-0965210-001
<b>a</b>	Plan name	COLONIAL OLDSMOBILECADILLAC GMC TRUCK INC 401K PS PLAN	
<b>b</b>	Name of plan sponsor	COLONIAL OLDSMOBILECADILLAC INC	<b>c</b> EIN-PN 25-0996565-001
<b>a</b>	Plan name	DUBOIS AREA CATHOLIC SCHOOLS 401K PLAN	
<b>b</b>	Name of plan sponsor	DUBOIS AREA CATHOLIC SCHOOLS	<b>c</b> EIN-PN 25-1101646-001
<b>a</b>	Plan name	SMITH HAULING INC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SMITH HAULING INC	<b>c</b> EIN-PN 25-1185255-001
<b>a</b>	Plan name	THE OPEN DOOR OF INDIANA PENNSYLVANIA 401K RET PLAN	
<b>b</b>	Name of plan sponsor	THE OPEN DOOR OF INDIANA PENNSYLV	<b>c</b> EIN-PN 25-1242571-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
<b>a</b> Plan name ARMSTRONGINDIANA CLARION DRUG COMMISSION INC 401K		
<b>b</b> Name of plan sponsor	ARMSTRONGINDIANA CLARION DRUG AND	<b>c</b> EIN-PN 25-1253020-001
<b>a</b> Plan name TREASURE LAKE PROPERTY OWNERS INC ASSOCIATION 401K PLAN		
<b>b</b> Name of plan sponsor	TREASURE LAKE PROPERTY OWNERS I	<b>c</b> EIN-PN 25-1261226-001
<b>a</b> Plan name ARC MANOR 401K PLAN		
<b>b</b> Name of plan sponsor	ARMSTRONG COUNTY COUNCIL ON ALCO	<b>c</b> EIN-PN 25-1261823-001
<b>a</b> Plan name BONYA GAZZA AND DEGORY LLP 401K PROFIT SHARING PLAN		
<b>b</b> Name of plan sponsor	BONYA GAZZA AND DEGORY LLP	<b>c</b> EIN-PN 25-1292084-001
<b>a</b> Plan name RESCHINI AGENCY INC 401K PROFIT SHARING PLAN		
<b>b</b> Name of plan sponsor	RESCHINI AGENCY INC	<b>c</b> EIN-PN 25-1368370-001
<b>a</b> Plan name I AND A RESIDENTIAL SERVICE 401K PLAN		
<b>b</b> Name of plan sponsor	IANDA RESIDENTIAL SERVICES INC	<b>c</b> EIN-PN 25-1375759-001
<b>a</b> Plan name ASMC SALARY SAVINGS 401K PLAN		
<b>b</b> Name of plan sponsor	AMBULANCE SERVICE	<b>c</b> EIN-PN 25-1419042-001
<b>a</b> Plan name G AND C COAL ANALYSIS LAB INC EMPLOYEES PROFIT SHARING PLAN		
<b>b</b> Name of plan sponsor	G AND C COAL ANALYSIS LAB INC	<b>c</b> EIN-PN 25-1446956-001
<b>a</b> Plan name BURRELL PHARMACY 401K PLAN		
<b>b</b> Name of plan sponsor	HEIGHTS PRESCRIPTION PHARMACY I	<b>c</b> EIN-PN 25-1625792-001
<b>a</b> Plan name HEIGHTS PHARMACY 401K PLAN		
<b>b</b> Name of plan sponsor	HEIGHTS PRESCRIPTION PHARMACY I	<b>c</b> EIN-PN 25-1625792-001
<b>a</b> Plan name VARISCHETTI 401K RETIREMENT PLAN		
<b>b</b> Name of plan sponsor	VARISCHETTI AND SONS INC	<b>c</b> EIN-PN 25-1659678-001
<b>a</b> Plan name 18 KARAT INC 401K PROFIT SHARING PLAN		
<b>b</b> Name of plan sponsor	18 KARAT INC	<b>c</b> EIN-PN 25-1730868-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	BUCKS PIZZA 401 K PLAN	
<b>b</b>	Name of plan sponsor	BUCKS PIZZA FRANCHISING CORPORA	<b>c</b> EIN-PN 25-1751054-001
<b>a</b>	Plan name	MOSHOLDER INSURANCE AGENCY PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MOSHOLDER INSURANCE AGENCY	<b>c</b> EIN-PN 25-1855773-001
<b>a</b>	Plan name	WHITE TOWNSHIP PENSION PLAN	
<b>b</b>	Name of plan sponsor	WHITE TOWNSHIP	<b>c</b> EIN-PN 25-6003515-001
<b>a</b>	Plan name	WCM GLOBAL WEALTH LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	WCM GLOBAL WEALTH LLC	<b>c</b> EIN-PN 27-4795044-001
<b>a</b>	Plan name	GRISWOLD REAL ESTATE MANAGEMENT INC 401K PLAN	
<b>b</b>	Name of plan sponsor	GRISWOLD REAL ESTATE MANAGEMENT	<b>c</b> EIN-PN 33-0301739-001
<b>a</b>	Plan name	DCE 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MAB	<b>c</b> EIN-PN 33-0591655-001
<b>a</b>	Plan name	BRILLIANT ELECTRIC SIGN CO LTD 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BRILLIANT ELECTRIC SIGN CO LTD	<b>c</b> EIN-PN 34-1788001-001
<b>a</b>	Plan name	360 YOUTH SERVICES 401K PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	360 YOUTH SERVICES	<b>c</b> EIN-PN 36-2936229-001
<b>a</b>	Plan name	CIRCLE GEAR AND MACHINE CO INC 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	CIRCLE GEAR AND MACHINE COMPANY	<b>c</b> EIN-PN 36-2971263-001
<b>a</b>	Plan name	MCSWEENEY AUTOMOTIVE GROUP LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	MCSWEENEY AUTOMOTIVE GROUP II	<b>c</b> EIN-PN 36-4881346-001
<b>a</b>	Plan name	FARMERS AND MERCHANTS SAVINGS BANK PROFIT SHARING 401K PLAN	
<b>b</b>	Name of plan sponsor	FARMERS AND MERCHANTS SAVINGS BANK	<b>c</b> EIN-PN 42-0245460-001
<b>a</b>	Plan name	UNION STATE BANK 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	UNION STATE BANK	<b>c</b> EIN-PN 42-0573000-001

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

<b>a</b> Plan name	LAMB FUNERAL HOME 401K PLAN	
<b>b</b> Name of plan sponsor	LAMB FUNERAL HOMES INC	<b>c</b> EIN-PN 42-1102138-001
<b>a</b> Plan name	THRIVE FARMERS INTERNATIONAL INC 401K PLAN	
<b>b</b> Name of plan sponsor	THRIVE FARMERS INTERNATIONAL INC	<b>c</b> EIN-PN 45-3992339-001
<b>a</b> Plan name	PENINSULA PETROLEUM INC 401K PLAN	
<b>b</b> Name of plan sponsor	PENINSULA PETROLEUM INC	<b>c</b> EIN-PN 45-4506928-001
<b>a</b> Plan name	MIDTOWN INTERNATIONAL SCHOOL 401K PLAN	
<b>b</b> Name of plan sponsor	MIDTOWN INTERNATIONAL SCHOOL	<b>c</b> EIN-PN 45-5297366-001
<b>a</b> Plan name	SUN NEWSPAPERS OF LINCOLN INC	
<b>b</b> Name of plan sponsor	SUN NEWSPAPERS OF LINCOLN INC	<b>c</b> EIN-PN 47-0465210-001
<b>a</b> Plan name	THUNN CONSTRUCTION 401K PLAN	
<b>b</b> Name of plan sponsor	THUNN CONSTRUCTION INC	<b>c</b> EIN-PN 47-0706186-001
<b>a</b> Plan name	NEIA BUILDERS INC PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	NEIA BUILDERS INC	<b>c</b> EIN-PN 47-0728400-001
<b>a</b> Plan name	LARM EMPLOYEE RETIREMENT SAVINGS PLAN	
<b>b</b> Name of plan sponsor	LEAGUE ASSOCIATION OF RISK MANAG	<b>c</b> EIN-PN 47-0791192-001
<b>a</b> Plan name	LARM MONEY PURCHASE RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	LEAGUE ASSOCIATION OF RISK MANAG	<b>c</b> EIN-PN 47-0791192-001
<b>a</b> Plan name	AMERITAS PENSION PLAN	
<b>b</b> Name of plan sponsor	AMERITAS HOLDING COMPANY	<b>c</b> EIN-PN 47-0806844-001
<b>a</b> Plan name	WILLIAMS MCDANIEL RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	WILLIAMS MCDANIEL PLLC	<b>c</b> EIN-PN 47-4343303-001
<b>a</b> Plan name	BEVERLY J CLARK 401K PLAN	
<b>b</b> Name of plan sponsor	BEVERLY J CLARK	<b>c</b> EIN-PN 47-4992847-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	CITY OF BEATRICE AND BPW EMPLOYEES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CITY OF BEATRICE	<b>c</b> EIN-PN 47-6006093-001
<b>a</b>	Plan name	CITY OF BEATRICE 457B PLAN	
<b>b</b>	Name of plan sponsor	CITY OF BEATRICE	<b>c</b> EIN-PN 47-6006093-001
<b>a</b>	Plan name	CITY OF BEATRICE EMPLOYEES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CITY OF BEATRICE	<b>c</b> EIN-PN 47-6006093-001
<b>a</b>	Plan name	CITY OF BEATRICE FIREFIGHTERS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CITY OF BEATRICE	<b>c</b> EIN-PN 47-6006093-001
<b>a</b>	Plan name	CITY OF BEATRICE POLICE OFFICERS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CITY OF BEATRICE	<b>c</b> EIN-PN 47-6006093-001
<b>a</b>	Plan name	CITY OF COLUMBUS 457 DEFERRED COMP PLAN	
<b>b</b>	Name of plan sponsor	CITY OF COLUMBUS NE	<b>c</b> EIN-PN 47-6006144-001
<b>a</b>	Plan name	CITY OF COLUMBUS NEBRASKA EMPLOYEES PENSION PLAN	
<b>b</b>	Name of plan sponsor	CITY OF COLUMBUS NE	<b>c</b> EIN-PN 47-6006144-001
<b>a</b>	Plan name	CITY OF COLUMBUS POLICE OFFICERS	
<b>b</b>	Name of plan sponsor	CITY OF COLUMBUS NE	<b>c</b> EIN-PN 47-6006144-001
<b>a</b>	Plan name	CITY OF LINCOLN DEFERRED COMP	
<b>b</b>	Name of plan sponsor	CITY OF LINCOLN	<b>c</b> EIN-PN 47-6006256-001
<b>a</b>	Plan name	CITY OF LINCOLN EMPLOYEES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CITY OF LINCOLN	<b>c</b> EIN-PN 47-6006256-001
<b>a</b>	Plan name	CITY OF LINCOLN RETIREMENT PLAN FOR DIRECTORS	
<b>b</b>	Name of plan sponsor	CITY OF LINCOLN	<b>c</b> EIN-PN 47-6006256-001
<b>a</b>	Plan name	CITY OF MILFORD NE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CITY OF MILFORD NEBRASKA	<b>c</b> EIN-PN 47-6006278-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	CITY OF MILFORD NEBRASKA 457 PLAN	
<b>b</b>	Name of plan sponsor	CITY OF MILFORD NEBRASKA	<b>c</b> EIN-PN 47-6006278-001
<b>a</b>	Plan name	CITY OF SEWARD EMPLOYEES PENSION PLAN	
<b>b</b>	Name of plan sponsor	CITY OF SEWARD	<b>c</b> EIN-PN 47-6006355-001
<b>a</b>	Plan name	CITY OF SEWARD POLICE PENSION PLAN	
<b>b</b>	Name of plan sponsor	CITY OF SEWARD	<b>c</b> EIN-PN 47-6006355-001
<b>a</b>	Plan name	GOVT ENTITIES OF NE FAIRMONT RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	GOVERNMENT ENTITIES OF NEBRASKA	<b>c</b> EIN-PN 47-6006397-001
<b>a</b>	Plan name	GOVT ENTITIES OF NE VALPARAISO RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	GOVERNMENT ENTITIES OF NEBRASKA	<b>c</b> EIN-PN 47-6006397-001
<b>a</b>	Plan name	CITY OF WYMORE NE EMPLOYEES PENSION PLAN	
<b>b</b>	Name of plan sponsor	CITY OF WYMORE	<b>c</b> EIN-PN 47-6006421-001
<b>a</b>	Plan name	FMA ASSOCIATE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	FMA REALTY INC	<b>c</b> EIN-PN 47-6024503-001
<b>a</b>	Plan name	MCCREA EQUIPMENT COMPANY INC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MCCREA EQUIPMENT COMPANY INC	<b>c</b> EIN-PN 52-0787164-001
<b>a</b>	Plan name	LUMBERTON HOUSING AUTHORITY PENSION PLAN	
<b>b</b>	Name of plan sponsor	HOUSING AUTH OF THE CITY OF LUMB	<b>c</b> EIN-PN 56-6003263-001
<b>a</b>	Plan name	AMERICAN STAINLESS AND SUPPLY LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN STAINLESS AND SUPPLY LLC	<b>c</b> EIN-PN 57-1116735-001
<b>a</b>	Plan name	LONGUE VUE HOUSE AND GARDEN 401K PLAN	
<b>b</b>	Name of plan sponsor	LONGUE VUE HOUSE AND GARDENS CORP	<b>c</b> EIN-PN 58-1638039-001
<b>a</b>	Plan name	NORTH RIVER FIRE DISTRICT 457 DEFERRED COMPENSATION PLAN	
<b>b</b>	Name of plan sponsor	NORTH RIVER FIRE DISTRICT	<b>c</b> EIN-PN 59-1035888-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	NORTH COLLIER FIRE CONTROL AND RESCUE DIST 457 DEF COMP PLAN	
<b>b</b>	Name of plan sponsor	NORTH COLLIER FIRE CONTROL AND RES	<b>c</b> EIN-PN 59-1096726-001
<b>a</b>	Plan name	LEHIGH ACRES FIRE CONTROL AND RESCUE DISTRICT 457 DCP	
<b>b</b>	Name of plan sponsor	LEHIGH ACRES FIRE CONTROL	<b>c</b> EIN-PN 59-1107347-001
<b>a</b>	Plan name	THE LEALMAN SPECIAL FIRE CONTROL DISTRICT 457 DEF COMP PLAN	
<b>b</b>	Name of plan sponsor	THE LEALMAN SPECIAL FIRE CONTROL	<b>c</b> EIN-PN 59-1203451-001
<b>a</b>	Plan name	BONITA SPRINGS FIRE CONTROL AND RESCUE DISTRICT 457 PLAN	
<b>b</b>	Name of plan sponsor	BONITA SPRINGS FIRE CONTROL AND	<b>c</b> EIN-PN 59-1292054-001
<b>a</b>	Plan name	SANIBEL FIRE AND RESCUE DISTRICT 457 DEFERRED COMP PLAN	
<b>b</b>	Name of plan sponsor	SANIBEL FIRE AND RESCUE DISTRICT	<b>c</b> EIN-PN 59-1499836-001
<b>a</b>	Plan name	BAYSHORE FIRE PROTECTION AND RESCUE SERVICE DISTRICT 457	
<b>b</b>	Name of plan sponsor	BAYSHORE FIRE PROTECTION AND RESCU	<b>c</b> EIN-PN 59-1660778-001
<b>a</b>	Plan name	SOUTH TRAIL FIRE AND RESCUE DISTRICT 457 DEFERRED COMP PLAN	
<b>b</b>	Name of plan sponsor	SOUTH TRAIL FIRE AND RESCUE DISTRI	<b>c</b> EIN-PN 59-1734864-001
<b>a</b>	Plan name	FORT MYERS SHORES FIRE PROTECT AND RESCUE 457 DEF COMP PLAN	
<b>b</b>	Name of plan sponsor	FORT MYERS SHORES FIRE PROTECT AND	<b>c</b> EIN-PN 59-1750750-001
<b>a</b>	Plan name	PALM HARBOR SPECIAL FIRE CONTROL AND RESCUE 457 DEFERRED COMP PLAN	
<b>b</b>	Name of plan sponsor	PALM HARBOR SPECIAL FIRE CONTROL	<b>c</b> EIN-PN 59-1923226-001
<b>a</b>	Plan name	IMMOKALEE FIRE CONTROL DISTRICT DEFERRED COMPENSATION 457 PLAN	
<b>b</b>	Name of plan sponsor	IMMOKALEE FIRE CONTROL DISTRICT	<b>c</b> EIN-PN 59-2198877-001
<b>a</b>	Plan name	ENGLEWOOD FIRE DEPARTMENT 457 DEFERRED COMP PLAN	
<b>b</b>	Name of plan sponsor	ENGLEWOOD FIRE DEPARTMENT	<b>c</b> EIN-PN 59-2252928-001
<b>a</b>	Plan name	PINELLAS SUNCOAST FIRE AND RESCUE DISTRICT 457 DEF COMP PLAN	
<b>b</b>	Name of plan sponsor	PINELLAS SUNCOAST FIRE AND RESCUE	<b>c</b> EIN-PN 59-6015306-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	COLLIER COUNTY PROPERTY APPRAISER 457 DEFERRED COMP PLAN	
<b>b</b>	Name of plan sponsor	COLLIER CTY PROPERTY APPRAISER	<b>c</b> EIN-PN 59-6016480-001
<b>a</b>	Plan name	FORT MYERS BEACH FIRE CONTROL DISTRICT 457 DEF COMP PLAN	
<b>b</b>	Name of plan sponsor	FORT MYERS BEACH FIRE CONTROL DI	<b>c</b> EIN-PN 59-6031697-001
<b>a</b>	Plan name	CEDAR HAMMOCK FIRE RESCUE 457 DEFERRED COMPENSATION PLAN	
<b>b</b>	Name of plan sponsor	CEDAR HAMMOCK FIRE RESCUE	<b>c</b> EIN-PN 59-6130987-001
<b>a</b>	Plan name	G AND R MINERAL SERVICES INC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	G AND R MINERAL SERVICES	<b>c</b> EIN-PN 63-0972149-001
<b>a</b>	Plan name	SOUTHERN MANATEE FIRE AND RESCUE DISTRICT 457 DEFERRED COMP PLAN	
<b>b</b>	Name of plan sponsor	SOUTHERN MANATEE FIRE AND RESCUE D	<b>c</b> EIN-PN 65-0196029-001
<b>a</b>	Plan name	OFFSHORE PROCESS SERVICES INC	
<b>b</b>	Name of plan sponsor	OFFSHORE PROCESS SERVICES INC	<b>c</b> EIN-PN 72-1171225-001
<b>a</b>	Plan name	BANDL HEATING AND AIR CONDITIONING 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BANDL HEATING AND AIR CONDITIONING	<b>c</b> EIN-PN 73-1131381-001
<b>a</b>	Plan name	JOHN A BUIE MD PC 401K PLAN	
<b>b</b>	Name of plan sponsor	JOHN A BUIE MD PC	<b>c</b> EIN-PN 73-1553896-001
<b>a</b>	Plan name	COMCO SYSTEMS 401K PLAN	
<b>b</b>	Name of plan sponsor	COMMUNICATIONS CONVEYOR CO INC	<b>c</b> EIN-PN 75-1316030-001
<b>a</b>	Plan name	CHALLENGER FREIGHT SYSTEMS INC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CHALLENGER FREIGHT SYSTEMS INC	<b>c</b> EIN-PN 75-2120320-001
<b>a</b>	Plan name	B RAI MEHTA MD PA PENSION PLAN	
<b>b</b>	Name of plan sponsor	B RAI MEHTA MD PA	<b>c</b> EIN-PN 75-2319484-001
<b>a</b>	Plan name	J CHESTER 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	J CHESTER AND ASSOCIATES INC	<b>c</b> EIN-PN 75-2589357-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	TEXXOL ENERGY INC RETIREMENT PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	TEXXOL ENERGY INC	<b>c</b> EIN-PN 75-2896323-001
<b>a</b>	Plan name	ULRICH ENGINEERS INC 401K PLAN	
<b>b</b>	Name of plan sponsor	ULRICH ENGINEERS INC	<b>c</b> EIN-PN 76-0115005-001
<b>a</b>	Plan name	BIEDERMANN MOTECH INC 401K PLAN	
<b>b</b>	Name of plan sponsor	BIEDERMANN MOTECH INC	<b>c</b> EIN-PN 81-3077553-001
<b>a</b>	Plan name	COHESIVE CLINICAL STAFFING 401K PLAN	
<b>b</b>	Name of plan sponsor	COHESIVE CLINICAL STAFFING LLC	<b>c</b> EIN-PN 82-0846742-001
<b>a</b>	Plan name	AMERICAN BENEFIT ADMINISTRATORS LLC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN BENEFIT ADMINISTRATORS	<b>c</b> EIN-PN 82-2689662-001
<b>a</b>	Plan name	COOLSPRING GAS AND OIL 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	COOLSPRING GAS AND OIL COMPANY	<b>c</b> EIN-PN 82-3096009-001
<b>a</b>	Plan name	BEHAVIORAL MOMENTUM SERVICES LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	BEHAVIORAL MOMENTUM SERVICES LLC	<b>c</b> EIN-PN 82-4030188-001
<b>a</b>	Plan name	MTG LAW 401K PLAN	
<b>b</b>	Name of plan sponsor	MCMICHAEL TAYLOR GRAY LLC	<b>c</b> EIN-PN 83-0908966-001
<b>a</b>	Plan name	OPTIMA LLC	
<b>b</b>	Name of plan sponsor	OPTIMA LLC	<b>c</b> EIN-PN 84-1392163-001
<b>a</b>	Plan name	ATTORNEY DAVID SHELDON 401K PROFIT SHARING RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SHELDON LAW LLC	<b>c</b> EIN-PN 85-4193544-001
<b>a</b>	Plan name	GPMI 401K PLAN	
<b>b</b>	Name of plan sponsor	GPMI COMPANY	<b>c</b> EIN-PN 86-0635770-001
<b>a</b>	Plan name	PROFESSIONAL DESIGN ASSOCIATES INC 401K PLAN	
<b>b</b>	Name of plan sponsor	PROFESSIONAL DESIGN ASSOCIATES	<b>c</b> EIN-PN 88-0399673-001

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**  
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

<b>a</b> Plan name	GUARDIAN SERVICES LLC RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	GUARDIAN SERVICES LLC	<b>c</b> EIN-PN 90-0283013-001

<b>a</b> Plan name	CINNABAR 401K PLAN	
<b>b</b> Name of plan sponsor	CINNABAR CALIFORNIA INC	<b>c</b> EIN-PN 95-4259256-001

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning **01/01/2023** and ending **11/30/2023**

<b>A</b> Name of plan <b>AMERITAS LIFE INSURANCE CORP. AMERITAS RETIREMENT EQUITY ACCOUNT</b>	<b>B</b> Three-digit plan number (PN)	<b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>AMERITAS LIFE INSURANCE CORP</b>	<b>D</b> Employer Identification Number (EIN) <b>47-0098400</b>	

**Part I Asset and Liability Statement**

**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets	(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	0
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	
<b>(15)</b> Other .....	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
<b>(1)</b> Employer securities .....	<b>1d(1)</b>		
<b>(2)</b> Employer real property .....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation .....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	33014367	0
<b>Liabilities</b>			
<b>g</b> Benefit claims payable .....	<b>1g</b>		
<b>h</b> Operating payables .....	<b>1h</b>		
<b>i</b> Acquisition indebtedness .....	<b>1i</b>		
<b>j</b> Other liabilities .....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j) .....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	33014367	0

**Part II Income and Expense Statement**

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

<b>Income</b>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
<b>(1)</b> Received or receivable in cash from: <b>(A)</b> Employers .....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants .....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers) .....	<b>2a(1)(C)</b>		
<b>(2)</b> Noncash contributions .....	<b>2a(2)</b>		
<b>(3)</b> Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		0
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities .....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments .....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants) .....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans .....	<b>2b(1)(E)</b>		
<b>(F)</b> Other .....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		0
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock .....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds) .....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		0
<b>(3)</b> Rents .....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds .....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions) .....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....	<b>2b(4)(C)</b>		0
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate .....	<b>2b(5)(A)</b>		
<b>(B)</b> Other .....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts.....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts.....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities.....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		5145893
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		5145893

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits.....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		0
<b>f</b> Corrective distributions (see instructions).....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances.....	<b>2i(1)</b>		
(2) Contract administrator fees.....	<b>2i(2)</b>		
(3) Recordkeeping fees.....	<b>2i(3)</b>		
(4) IQPA audit fees.....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		0
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		0

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		5145893
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		955534
(2) From this plan .....	<b>2l(2)</b>		39115794

**Part III Accountant's Opinion**

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1)  Unmodified (2)  Qualified (3)  Disclaimer (4)  Adverse

**b** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1)  DOL Regulation 2520.103-8 (2)  DOL Regulation 2520.103-12(d) (3)  neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name:

(2) EIN:

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1)  This form is filed for a CCT, PSA, DCG or MTIA. (2)  It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

**Part IV Compliance Questions**

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

**a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)

**b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

**c** Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)

**d** Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)

**e** Was this plan covered by a fidelity bond?

**f** Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?

**g** Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?

**h** Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?

**i** Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)

**j** Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)

**k** Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?

**l** Has the plan failed to provide any benefit when due under the plan?

**m** If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)

**n** If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.

	Yes	No	Amount
<b>4a</b>			
<b>4b</b>			
<b>4c</b>			
<b>4d</b>			
<b>4e</b>			
<b>4f</b>			
<b>4g</b>			
<b>4h</b>			
<b>4i</b>			
<b>4j</b>			
<b>4k</b>			
<b>4l</b>			
<b>4m</b>			
<b>4n</b>			

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?  Yes  No  
If "Yes," enter the amount of any plan assets that reverted to the employer this year \_\_\_\_\_.

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.